

APPLICATION FOR DEATH CERTIFICATE

Please Print Or Type All Information Required On This Form.

Full Name of Deceased _____

Date of Death _____ Ky. County in Which
(Mo.) (Day) (Year) Death Occurred _____

Did Death Occur In a Hospital? ☐ Yes ☐ No Age at Death _____

If "Yes" Give Name of Hospital _____

Name of Attending Physician _____

Name of Funeral Director _____

Address _____
(Street) (City) (State)

Name of Applicant _____

Address _____
(Street) (City) (State)

(Signature of Applicant) Phone: _____
(Area Code) (Number)

Official Use Only

Vol. _____

Cert. _____

Year _____

Date _____

Initials _____

A **\$6.00** fee must accompany this application. The fee cannot be returned. If the certificate is on file you will receive a copy. Additional copies are **\$6.00** each. Make check or money order payable to "Kentucky State Treasurer". When complete, mail the entire form to **Vital Statistics, 275 East Main Street, Frankfort, Kentucky 40621**.

Please Indicate Quantity Desired _____

Print Name and Mailing Address of Person to Receive the Certificate.

This Portion is a Mailing Insert and will be used to Mail the Copy you
Have Requested.
